

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> <small>SERIAL NO.</small> <div style="font-size: 1.5em; font-weight: bold;">09/807215</div> </div> <div style="text-align: right;"> <small>FILING DATE</small> </div> </div>						
<small>APPLICANT(S)</small> 						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

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